ELECTRONIC RESOURCES REVIEWS

Doody's Core Titles in the Health Sciences (DCT). Doody Enterprises, 500 North Michigan Avenue, Suite 1410, Chicago, IL 60611; 312.644.7640; dctcsr@doody.com; http://www.doody.com/dct/; $49.50 or $30.00 if coupled with Doody's Electronic Journal Subscription; one subscription per physical location or campus. Internet Explorer 6.0+ or Netscape 6.0+ recommended.

In April 2004, many health sciences collection management librarians were dismayed to hear that, with Dorothy Hill's retirement, the Brandon/Hill lists were being discontinued after forty years. Doody Enterprises, in less than six months, decided to compile and publish an annual list by the end of the year to help medical librarians manage their collections in the wake of the end of the Brandon/Hill lists. Under the direction of an impressive list of sixteen library professionals on the Library Board of Advisors, Doody's has published a useful and well-organized collection management tool that includes a helpful ''score'' for each title. Doody's Core Titles in the Health Sciences (DCT) features 1,912 titles in 119 specialties in clinical medicine, basic sciences, nursing, allied health, and associated health professions. A title may appear in more than one category. The two main headings (under which the specialties appear) are health sciences and nursing.

The selection of titles for DCT was a 3-step process. First, 92 content specialists—academically affiliated medical, nursing, and allied health school faculty—compiled the first draft of core titles, using primarily the last edition of the Brandon/Hill lists, Doody's database of titles, and their own expertise to add titles. Second, a panel of 1 to 3 library selectors, reviewed each specialty in the list and added titles. Third, the library selectors scored each title on a scale of 0 to 3 based on key collection development criteria: authoritativeness of author(s) and publisher, scope and coverage of the subject matter, quality of content, usefulness/purpose, and value for the money. All selection and scoring participants signed disclosure agreements and were not compensated.

Titles with a score of 3.0 make up 17.5% of the titles (344) on the DCT list and are visually designated with an ''essential core title'' symbol. Another 703 titles have a score of between 2.6 and 2.9, and these are visually designated as ''key core titles.'' Doody's has also compiled some interesting tables that break down the number of titles by category as well as provide an average cost for the core titles.

DCT via the Web provides valuable features, such as being able to sort each specialty by author, title, score, copyright year, or price. Additionally, users can select an ''expanded view'' that makes browsing online easier. Future DCT editions are expected to have additional functionality, such as a searchable interface, the ability to download the list into a spreadsheet format, and the ability to more easily navigate the alphabetical list of titles. A downloadable portable document format (PDF) version is currently available.

All the names of the content specialists and library selectors (and the specialties they scored) are available for examination prior to purchasing the DCT. However, they are listed alphabetically by name and not by specialty. The option to view the selectors and scorers by specialty would be helpful. It should be noted that Doody's editorial staff served as the content specialists for eight subjects (allergy/clinical immunology, anatomy/physiology, dental auxiliaries, emergency medicine, ophthalmology, podiatry, respiratory therapy, and theory), because volunteers could not be found for these subject areas. Additionally, one glaring omission from the subjects is the area of health policy/reform. The DCT has a managed care category, but it does not include broader titles on health policy or reform. For libraries collecting in public health and policy, adding this category to DCT would be beneficial.

The greatest strengths of the DCT are the comprehensiveness of the list and the participation of a large number of professionals. It is a very useful collection management tool and well worth the reasonable price.

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The Cochrane Library. John Wiley & Sons, 111 River Street, Hoboken, NJ 07030; 201.748.5764; wissales@wiley.com; http://www.thecochranelibrary.com; individual licenses: $265.00–$495.00; institutional subscription rates based on the type of institution, user population, and the collection of Wiley InterScience resources selected.

Accessible through the Wiley InterScience Website, the new interface to the Cochrane Library provides easy access to a collection of high-quality, evidence-based health care databases assembled by the Cochrane Collaboration and related organizations including the United Kingdom's National Health Service (NHS). Established in 1993, the Cochrane Collaboration aims to produce and disseminate reliable and up-to-date information to support decision making in health care. The Cochrane Library database collection includes the Cochrane Central Register of Controlled Trials, Cochrane Database of Methodology Reviews, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Database of Abstracts of Reviews of Effects, Health Technology Assessment Database, and NHS Economic Evaluation Database. A wide and growing range of health, social, and economic topics are covered and can be utilized to determine the effectiveness and appropriateness of inter-

ventions, to develop guidelines, and to use in policy making.

All users can search the databases free of charge from the Wiley Website and access abstract material. Subscribers can search the databases and access full-text material. The Cochrane Reviewers' Handbook is available from the Cochrane Library Website and is useful reading for any librarian wishing to understand the systematic review process more fully. Database coverage ranges from 1992 to the present, and the resource is updated on a quarterly basis. At the time of this review, over 470,700 records were available and searchable from the combined Cochrane Library database collection. In particular, 2,249 complete reviews and 1,539 protocols were available from the Cochrane Database of Systematic Reviews.

Once logged into the Cochrane Library on Wiley InterScience, users find a straightforward and easy-to-navigate interface. Links to browse functions are clearly labeled. Users can browse an alphabetical list of titles in each individual database or browse topics by Cochrane Review Group, such as Pregnancy and Childbirth or Heart. Basic searches can be performed using the search box also located on the home page. Users can quickly search across the entire content of the database collection by entering a keyword or search terms. Boolean operators (''AND,'' ''OR,'' ''NOT'') may also be used when performing a quick search and are effective for combining multiple search terms. Search tips explain how to perform wildcard truncation and proximity searches.

To refine a search, the Cochrane Advanced Search page offers several options and limits, such as limiting to a particular database or databases. In addition, users can limit searches by fields that they wish to search such as author, source, or publication type using pull-down menus. Searches may be limited by date range or by record status including new, commented, commented and updated, or withdrawn. A search for Medical Subject Headings (MeSH) terms is also available to assist in locating specific and relevant terms. The search history keeps a list of searches performed during the current session, and searches can be combined.

Results are displayed in an uncluttered results list. The total number of record matches in each of the Cochrane Library databases is displayed. Results can be sorted alphabetically by title, by relevancy, or by publication date, and twenty-five results are displayed on each page. Search results consist primarily of structured abstracts and completed full-text reviews and protocols carried out by the Cochrane Collaboration. Color-coded symbols are used to indicate reviews and protocols. Highlighting search terms in a selected record would be a useful addition.

Several viewing and output options are offered. The document display format includes abstracts and synopses. A left-column table of contents section allows quick navigation in the document. Full-text documents are available to view and print in hypertext markup language (HMTL) and portable document format (PDF) versions. Users can manage the results by using the check boxes next to each record to select individual records. Selected citations and abstracts can be exported in text format and imported into standard bibliographic management programs. A more efficient and clearer method for sorting, displaying, emailing, and printing selected records would be a desirable enhancement.

One of the value-added features is the option of creating a personal profile. After completing a one-time registration, users can use a ''personal navigation bar'' to manage their saved articles and saved searches and to register for customized alerts in their chosen topic areas. In addition, a feedback system is available to view and add comments and criticisms of reviews or protocols. Users are encouraged to submit comments to help ensure the highest quality of reviews.

Major strengths of the resource include an easy-to-use interface, a variety of flexible searching and browsing features, and the option to create a customized profile with alerts. Users will appreciate the ability to locate reliable and current information from a single interface, to store saved searches, and to receive customized alerts. Overall, the Cochrane Library via Wiley InterScience provides easy access to a wealth of quality evidence-based material useful for developing guidelines, making policy, and assessing the effects of health care interventions. This resource is a valuable tool for a broad range of people interested in evidence-based health care, including clinicians, consumers, policy makers, researchers, educators, and others.

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National Center for Complementary and Alternative Medicine Website. National Institutes of Health, 31 Center Drive, MSC 2182, Bethesda, MD 20892–2182; info@nccam.nih.gov; http://nccam.nih.gov; free Website.

In recent years, complementary and alternative medicine (CAM), a collection of unconventional therapies, has come to play an important role in the prevention and treatment of diseases in the United States. As more and more Americans turn to CAM, graduates of conventional Western medical schools often find that their patients expect them to have some understanding of herbal medicine and acupuncture [1]. As increasing numbers of journals, databases, organizations, clinics, and companies are making English-language CAM-related materials available online, the need for a reliable clearinghouse for such materials has be-

come evident [2]. For this reason, the National Center for Complementary and Alternative Medicine (NCCAM), one of the centers of the US National Institutes of Health (NIH), was established by an act of Congress in 1998. NCCAM plays a crucial, unique role in encouraging basic scientific and clinical research in CAM. Among NCCAM's duties is disseminating authoritative information on CAM to the public and medical professionals. NCCAM's official Website has been designed to make this information widely available.

Classification

NCCAM defines CAM as a group of diverse medical and health care systems, practices, and products not presently considered to be part of conventional medicine. CAM subjects change continually, as those therapies that are proved to be safe and effective become adopted into conventional health care and new approaches to health care emerge. Relevant therapies are divided into five categories: alternative medical systems, mind-body interventions, biologically based therapies, manipulative and body-based methods, and energy therapies. But, as the NCCAM Website shows, placing a medical system into a single category is not so easy. For instance, the Website places all of traditional Chinese medicine (TCM) in the first category, alternative medical systems. But, due to the sheer volume of Chinese medical practices, inevitably some of its therapies could accurately be classified as mind-body interventions (for example, tai qi and qi gong) and some as biologically based therapies (those relying on substances found in nature, such as herbs, foods, and vitamins). Chinese medicine is a very complicated system, incorporating a range of distinct theories, such as yin-yang and five phases, and many therapies, such as herbal medicine and acupuncture.

A look at how the NCCAM Website treats this complex body of knowledge shows definitions of the following terms: acupuncture, aromatherapy, Ayurveda (Indian medicine), chiropractic, dietary supplements, electromagnetic fields, homeopathic medicine, massage, naturopathic medicine, osteopathic medicine, qi gong, reiki, therapeutic touch, and TCM. The site also explains that components of TCM are herbal and nutritional therapy, restorative physical exercises, meditation, acupuncture, and remedial massage, but this catalog is unintentionally confusing. First, while acupuncture and qi gong are official categories in TCM, they also turn up in other parts of the site. Second, therapeutic massage is among the practices TCM practitioners use, but the definition of massage on the Website does not mention this. Third, quite confusingly, in a survey carried out by the NCCAM posted on the Website (Complementary and Alternative Medicine Use among Adults [3]), acupuncture is classified as an alternative medical system but TCM is not. In short, Chinese medicine is treated in an overlapping and inconsistent fashion, suggesting that the tyro who relies on the NCCAM Website for an introduction to CAM may come away confused.

Evaluating complementary and alternative medicine (CAM) Websites

Searching online has replaced library research as the most common way for people to seek information. How can searchers evaluate the online information about CAM? NCCAM proposes a list of ten criteria, including who the authors and sponsors of a site are, what a site sets out to do, what the nature of the information is, and how the site manages interactions with visitors. While the criteria are very useful for seeking and evaluating medical Websites, a range of problems makes applying them difficult. First of all, most people are unfamiliar with the terms, concepts, and therapies used in CAM. Do most English-speaking laypersons know the meaning of such Ayurvedic terms as ''kapha,'' ''vata,'' and ''pitta?'' Second, every Website that makes any claim of providing information about CAM drapes itself in scientific garb, making it difficult to tell the half-baked from the highly professional.

NCCAM addresses this problem by providing extensive links to CAM information on authoritative Websites, many of which have been created by NCCAM. External Websites linked are primarily from NIH. The Web pages are categorized by Treatments and Therapies, Diseases and Conditions, and Dietary and Herbal Supplements.

Another useful source of information is the NCCAM Clearinghouse. Through this service, health practitioners and patients can request documents and information on CAM topics produced by US federal government agencies.

Selecting a CAM practitioner

Selecting a CAM practitioner is an important decision. National institutes do not provide referrals but do provide some guides. NCCAM has developed a set of questions to help select a reliable practitioner. The site recommends five key points and a set of questions, from how to identify the right practitioner in an area, to which questions to ask during a first visit, to how to protect consumer rights. The site also identifies the medical circumstances when complementary and alternative therapies are appropriate, explains how to find out what scientific studies have been done on the safety and effectiveness of specific treatments, and offers guidelines on evaluating statements made about the effectiveness of a given therapy. The reviewer strongly urges all those who are considering using CAM or who have taken a further step and are looking for a practitioner to read the information on the NCCAM Website and study the detailed and useful checklist carefully.

CAM on PubMed

NCCAM has collaborated with the NIH National Library of Medicine

(NLM) to develop a ''complementary medicine'' filter for PubMed. A link to this filter from the NCCAM Website allows easy searching of MEDLINE for CAM literature, with free citations and abstracts and links to full-text articles. The purpose of CAM on PubMed is to provide access to reliable scientific studies that have been reviewed by other scientists in the field. Users of the site can assess information about the safety and effectiveness of specific treatments and learn more about the treatment's risks and potential benefits. Nevertheless, the reviewer suspects that consumers and patients will find wading through scientific studies conducted by professional researchers daunting. NCCAM should work with NLM to make the highly technical information it has provided more easily digested by laypersons, as has been done for PubMed links in MedlinePlus.

Research

By funding, conducting, and publishing original research, NCCAM enhances and expands the knowledgebase in the CAM field. NCCAM conducts numerous clinical trials and makes information about them freely available through ClinicalTrials.gov.

As alternative medical practices become integrated into mainstream Western medical practice, the number of potential patients dramatically increases, making research into diseases responsible for huge suffering around the world all the more critical. NCCAM provides grants for scientific research, training and career development, and clinical care. The Website has very detailed information on availability and application processes. This information is particularly important in the study of CAM, because many researchers are not as familiar with federal grant-funding processes. Research grants and fellowships are also available for training and career development.

In May 2004, NCCAM and the National Center for Health Statistics completed a survey, The Use of Complementary and Alternative Medicine in the United States, 2002. The authors compiled comprehensive and reliable data on such topics as ''How many people use CAM,'' ''Who uses CAM most,'' ''Which CAM therapies are used the most,'' ''What diseases and conditions do people use CAM for,'' ''Reasons for using CAM,'' ''Spending on CAM,'' and ''The sex, race, and geographic distribution of the use of CAM.'' The survey is lucid, comprehensive, and a fine introduction to Western reliance on complementary and alternative medicine.

Conclusion

The NCCAM Website is very useful for people looking for scientific and clinical CAM information. Everyone interested in alternative therapies should become familiar with this indispensable asset.

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3. BARNES P, POWELL-GRINER E, MCFANN K, NAHIN R. Complementary and alternative medicine use among adults: United States, 2002. [Web document]. National Center for Complementary and Alternative Medicine. [cited 24 Mar 2005]. <http://nccam.nih.gov/news/camsurvey.htm>.

DynaMed. 3610 Buttonwood Drive, Suite 200, Columbia, MO 65201; 573.886.8907; fax, 573.886.8901; http://www.dynamicmedical.com; Info@DynamicMedical.com; ISSN: 1554–1177; individual subscriptions: $100–$200; group subscriptions: first subscriber full price, second to tenth subscribers 25% discount, additional subscribers 40% discount; institutional or large group subscriptions: $2900–$5900, based on hospital average daily census.

DynaMed is an electronic evidence-based, primary care database designed to provide the most useful point-of-care health information available. Developed by Editor-in-Chief Brian Alper, the database contains more than 2000 disease summaries. Diseases represented in the database reflect those most commonly seen in primary care, formatted to provide easy access to concisely stated yet substantive information.

The name DynaMed reflects the product's dynamic growth and enhancement. The mission of DynaMed, as stated in the product information on the Website, is ''to provide the most useful information at the point of care for health care professionals. Usefulness requires a balance of validity, relevance, convenience, and affordability. The essence of this resource is the balancing of the available resources with all of these factors to create the most useful information possible.'' In keeping with this mission, the DynaMed philosophy is based on the idea that usefulness is determined by users' needs and, to that end, input from users is continually sought. Additionally, a DynaMed Librarian Advisory Council provides feedback on the database and its design. The database itself contains prominent feedback links at the end of each disease summary, readily encouraging input from users.

The peer-reviewed disease summaries are the heart of the database and can be as extensive as the equivalent of forty print pages. The content for each disease summary is formatted in a simple outline style with sections and subcategories as described below. For each

summary, users may open or expand a single section or category, all sections and categories, or selected sections and categories. This structure allows users to quickly get to specific pieces of information or more comprehensive overview information, depending on their needs at the moment. Content is presented in concise, substantive phrases and paragraphs with each phrase and paragraph beginning with the conclusion, a particularly nice feature for a point-of-care resource. In keeping with the mission of this database, the information in each section is meant to provide the most useful information based on validity, relevance, and convenience. The disease summary sections are:

- Description (including ICD-9 codes): subcategories include definition, applicable ICD-9 codes, types, organs involved, who is most affected, and incidence or prevalence
- Causes and Risk Factors: subcategories include causes, pathogenesis, likely risk factors, possible risk factors, and factors not associated with increased risk
- Complications and Associated Conditions
- History: subcategories include chief complaint, history of present illness, meds, past medical history, family history, social history, and review of systems; these categories currently use the standard shortcut codes used by US-based care providers in patient charts (e.g., CC, FH, PH, Meds, etc.); because these codes are not standard beyond the United States, DynaMed will change these to the full terms and phrases
- Physical: subcategories include general physical; skin; head, ears, nose, and throat (HEENT); neck; chest; cardiac; lungs; abdomen; back; extremities; neurological; rectal; pelvic; and miscellaneous physical
- Diagnosis: subcategories include making the diagnosis, rule out, tests to order, blood tests, urine studies, imaging studies, CKG, CSF analysis, pathology tests, and other diagnostic testing
- Prognosis
- Treatment: subcategories include treatment overview, diet, activity, counseling, medications, surgery, consultation and referral, other management, and follow up
- Prevention and Screening
- References: subcategories include general references used, reviews, and guidelines
- Patient Information
- Acknowledgements: subcategories include author, maintainer, and reviewer information

Each disease summary has numerous hyperlinks to public access electronic journal articles and practice guidelines, as well as to a few key subscription-based resources (e.g., Cochrane Library, Medical Letter). These hyperlinks consist of brief bibliographic data, so users know the source of the information before following the link. DynaMed is compatible with PubMed LinkOut.

To ensure the disease summaries include the best available evidence and relevance, DynaMed staff directly monitor more than 100 journals daily. An additional 400 journals are monitored through journal review services along with systematic reviews, guidelines, and drug information sources. Information added as a result of this literature surveillance is noted at the top of the respective disease summaries and includes the update date and the section it was incorporated into. Topics included in the database may be reorganized or new topics added in response to new evidence.

Work is underway to upgrade all entries to a new standard template, which includes the addition of evidence labeling in the disease summaries. Evidence reports are or will be labeled as level 1 (likely reliable evidence), level 2 (mid-level evidence), and level 3 (lacking direct evidence). Similarly, recommendations are or will be labeled as grade A recommendation (consistent high-quality evidence), grade B recommendation (inconsistent or limited evidence), or grade C recommendation (lacking direct evidence). Currently, half the disease summaries in the database have been reviewed using the new template, and work on upgrading the remaining entries is actively continuing.

The DynaMed user interface is currently being revised, and the updated version is scheduled to be released in spring 2005. The reviewer found both the current and prototype interface to be clean and easy to use. Navigation is simple, whether using the A–Z disease summary list or either the basic or advanced search options. Both of the search options provide a relevance-based retrieval that provides links to associated diseases.

The DynaMed site includes an archive of the database going back to 1997. Each segment of the archive is identified by volume, issue, and date and is a snapshot of the database at that time. The possibility of indexing by key medical indexes is currently being explored.

The DynaMed site adheres to the principles of the Health on the Net (HON) code and has been recognized by the American Academy of Family Physicians as a resource that ''may be of assistance to Family Physicians in answering clinical questions with a high quality of evidence.'' In addition to the individual, group, and institutional price options, free access is provided to health providers in a significant number of developing countries around the world. The database is only available in Web format, but a frameless version is offered for users with wireless personal digital assistant (PDA) access. Development of the database has been funded in part by the National Science Foundation through a Small Business Initiative Research Grant and the remainder through subscription fees. No advertisement money is accepted.

For comparison purposes, other resources that fall into the same clinical evidence-based category are UpToDate and FIRSTConsult. Like FIRSTConsult, DynaMed is targeted to primary care providers, while UpToDate is aimed at internal medicine and selected subspe-

cialty practitioners. Also like FIRSTConsult, its structure and content format is designed for quick lookup at the point of care. Primary care providers including physicians, residents, physicians' assistants, and nurse practitioners	are the target users for this database and would find it very useful. This resource would also be very useful to health sciences students. *Hope Barton, MSLS*	*hope-barton@uiowa.edu* *Assistant Director for Information Resources* *Hardin Library for the Health Sciences* *University of Iowa* *Iowa City, Iowa 52242*